

Exhibit C

CITY OF DURHAM

SUBCONTRACTOR QUARTERLY RECORD OF PAYMENT REPORT

THIS DOCUMENT MUST REFLECT ALL SUBCONTRACTORS & MUST BE SUBMITTED WITH QUARTERLY INVOICE FOR PAYMENT	
PROJECT NAME: CONTRACT#:	DATE FORM SUBMITTED: WORK PERIOD ENDING:
COMPANY NAME:	ADDRESS:
FEDERAL TAX ID#:	CONTACT PERSON:

Subcontractor/Vendor ID (Street Address/Zip/Telephone)	Indicate Ownership Status	Description Of Work	Total Sub- Contract Amount	Amount Paid For The Period	Total Amount Paid To-Date	Percentage Of Work Completed	Scheduled Start Date	Scheduled End Date
Total M/SDBE Subcontracts Awarded/%		\$	%	Total W/SDBE Subcontracts Awarded/%		\$	%	
Total M/SDBE Dollars Paid-To-Date/%		\$	%	Total W/SDBE Dollars Paid-To-Date/%		\$	%	
Total Non-Minority Subcontracts Awarded/%		\$	%	Total Non-W/SDBE Subcontracts Awarded/%		\$	%	
Total Non-Minority Dollars Paid-To-Date/%		\$	%	Total Non W/SDBE Dollars Paid-To-Date/%		\$	%	

The undersigned certifies that the information recorded above is correct, and that each of the representations set forth above is true. The undersigned further acknowledges that any misrepresentation hereon may result in termination of contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

Company Representative _____ Title: _____ Date: _____